



Accommodation Complaint / Grievance

Your Name: _____

Date Accommodation Requested: _____, 20____

Court Location: _____

Accommodation(s) Requested:

Accommodation Received:

Signature: _____ Date: _____, 20____

Phone Number(s): _____

Address: _____

E-mail: _____

Submit this form to:

Civil Process and Court Access

Manager

Administrative Office of the Courts

PO Box 4820, Portland ME 04112

Phone: (207) 822-0716

TTY: Maine Relay 711

accessibility@courts.maine.gov